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		STANDARD CERTI	FICATE OF	DEATH	State	e File No	<u> </u>
BIRTH NO.		_ REG. DIST. NO. <u>218</u>	_ PRIMARY REG.	DIST. NO.1	03_ Regi	strar's No	107
1. PLACE OF DE.	ATH			RESIDENCE	Where deceased i	lved. If in	stitution: reside
	<del></del>			Missou			<u> </u>
b. CITY (If outside of OR TOWN S1	orporate limite, write R LOUIS	township) c. LENGTH OF STAY (in this place	- OK.	St. Loi	u. <del>wike Rural</del> e uis	und give tow	mahip)
INCOLLINE OR	(If not in hospital or in	nstitution, give street address or location)	d. STRUET		, give location)		0
INSTITUTION		<u>ss Hospital</u>	ASSINES	3830 N	orth 23	d Sti	reet
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Las	(t)	4. DATE	(Month)	(Day) (
(Type or Print)	ORVILLE	HAGNAU			of DEATH De		er 14,
	color or race White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BI		9. AGE (In year)	Months	Days Hours
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLAC	E (State or foreign )		1	12. CITIZEN
Switchman	ng life, even if retired) ]	Railroad DUSTRY		nd, Illin			COUNTRY U.S.A
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME	14. NA	ME OF HUSBAN	D OR WIF	
Emil Hagy	121107	Frances Co		Emma	a Hagna	uer,	•
15. WAS DECEASED EVE (Yes, no. or unknown) (H	R IN U.S. ARMED F	ALC: NO	17. INFORM	ANT'S SIGN	ATURE OR N	IME	ADDI
Voc		The D D D T T T T T T T T T T T T T T T T	doc + 15	Emmo Ha		707	11 00
	orld War				gnauer,	2830	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	MEDICAL	CERTIFICATI	ON .			I INTERVAL B
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean	I. DISEASE OR CO DIRECTLY LEADI ANTECEDENT CA	ONDITION ING TO DEATH*(a)	CERTIFICATI	ON .			I INTERVAL B
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  12. I hereby certify t alive, op 14  22. I hereby certify t alive, op 14  23a. SUBJECTION.	I. DISEASE OR CC DIRECTLY LEADI ANTECEDENT CA Morbid conditions rise to the above co the underlying cau.  II. OTHER SIGNIF Conditions contribirelated to the disease 19b. MAIOR FIND (Bpecily) 2 b (Day) (Year) (E	DILETO (c) FICANT CONDITIONS puting to the death but not see or condition causing death.  DILETO (c) FICANT CONDITIONS puting to the death but not see or condition causing death.  DINGS OF OPERATION FILED PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., ste.)  HOURY 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK AT WORK AT WORK AT WORK AT WORK CONTROL OF AND THE CONTROL OF A	21c. (CITY, TOW 21f. HOW DID I 23b. ADDRESS M1 S SOUT Y OR CREMATOR 25, FUNERAL E	VN. OR TOWNSHIP  NJURY OCCUR?  Tom the causes  i Theatr  Y   24d, LOCA	2, 1920, to and on the derical Color, to Color	hat I las late states	INTERVAL BONSET AND A PARESS

## IGH 81 WAL

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Licensed Embalmer No..... Student Embaimer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.